

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: METHOD AND DEVICE FOR ELECTRON
BEAM IRRADIATION

Attorney Docket Number:: 027651-288

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type: Inventor

Primary Citizenship Country: Sweden

Status: Full Capacity

Given Name: Lars

Middle Name: Ake

Family Name: NASLUND

Name Suffix:

City of Residence: Furulund

State or Province of Residence:

Country of Residence: Sweden

Street of Mailing Address: Skattevagen 12

City of Mailing Address: Furulund

State or Province of Mailing Address:

Country of Mailing Address: Sweden

Postal or Zip Code of Mailing Address: SE-244 65

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Sweden
Status::	Full Capacity
Given Name::	Tommy
Middle Name::	
Family Name::	NILSSON
Name Suffix::	
City of Residence::	Svedala
State or Province of Residence::	
Country of Residence::	Sweden
Street of Mailing Address::	Sommargatan 5
City of Mailing Address::	Svedala
State or Province of Mailing Address::	
Country of Mailing Address::	Sweden
Postal or Zip Code of Mailing Address::	SE-233 35
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Luca
Middle Name::	
Family Name::	POPPI
Name Suffix::	
City of Residence::	Formigine

State or Province of Residence::

Country of Residence:: Italy

Street of Mailing Address:: Via Piemonte 1

City of Mailing Address:: Formigine

State or Province of Mailing Address::

Country of Mailing Address:: Italy

Postal or Zip Code of Mailing Address:: IT-41043

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Paolo

Middle Name::

Family Name:: BENEDETTI

Name Suffix::

City of Residence:: Modena

State or Province of Residence::

Country of Residence:: Italy

Street of Mailing Address:: Via Malatesta 21

City of Mailing Address:: Modena

State or Province of Mailing Address::

Country of Mailing Address:: Italy

Postal or Zip Code of Mailing Address:: IT-411 00

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Sweden
Status::	Full Capacity
Given Name::	Anna
Middle Name::	
Family Name::	ERIKSSON
Name Suffix::	
City of Residence::	Rydeback
State or Province of Residence::	
Country of Residence::	Sweden
Street of Mailing Address::	Vassarogatan 38
City of Mailing Address::	Rydeback
State or Province of Mailing Address::	
Country of Mailing Address::	Sweden
Postal or Zip Code of Mailing Address::	SE-257 33
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Filippo
Middle Name::	
Family Name::	FERRARINI
Name Suffix::	
City of Residence::	Modena

State or Province of Residence::

Country of Residence:: Italy

Street of Mailing Address:: Via Rondelli 7

City of Mailing Address:: Modena

State or Province of Mailing
Address::

Country of Mailing Address:: Italy

Postal or Zip Code of Mailing
Address:: IT-411 00

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/SE2004/000894	06/08/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Sweden	0301781-1	06/19/03	Yes

Assignee Information

Assignee Name::	Tetra Laval Holdings & Finance S.A.
Street of Mailing Address::	Avenue General-Guisan 70
City of Mailing Address::	Pully
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-1009